

Indiana State Police Clandestine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 6/14/2014

Street: 1503 Vandalia Rd

Incident #: 14ISPC004973

Apt, Lot, Room #:

County: Shelby

City: Flat Rock, In

Type of Laboratory Seizure (check one)

- ☒ Lab Seizure
☐ Chemical Seizure
☐ Equipment Seizure
☐ Dumpsite Seizure

Seizure Location (check all that apply)

- ☒ Residence ☐ Hotel/Motel
☒ Outbuilding ☐ Open – No Structure
☐ Vehicle ☐ Business
☐ Other: _____

Apt., hotel, multi-family dwelling: Shared HVAC: ☐ Yes ☒ No ☐ Unknown

Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)

- ☒ One Pot or Birch Reaction(s): out bldg
☐ Red Phosphorous/Iodine Reaction(s): _____
☒ Hydrochloric Acid Gas Generator(s): out bldg
☒ Flammable Solvents: out bldg
☒ Water Reactive Metal (Lithium): out bldg
☒ Anhydrous Ammonia: out bldg
☒ Corrosive Acid: out bldg
☒ Corrosive Base: bathroom
☐ Ammonium Nitrate/Sulfate: _____
☐ Other (item and location): _____

Child under age 18 discovered (check appropriate)

- ☐ Yes _____ (number present)
☒ No
☐ Children not present but evidence they reside or visit often

Living conditions of home: ☐ clean ☐ disarray
☐ unclean
Estimated length of time manufacturing had been occurring: _____
Additional Information: _____

Vehicle, Travel Trailer, RV or Watercraft Information:

Owner: _____
VIN: _____
Year: _____

Make: _____
Model: _____
Color: _____

This report has been faxed* or emailed to the following agencies that serve the location:

Fire Department: Flat Rock VFD Fax: email
Health Department County: shelby co Fax: email
Department of Child Services Hotline: dcshotlinereports@dcsh.in.gov Fax: 317-234-7595 or 317-234-7596

For further information regarding this methamphetamine laboratory, contact
Investigating Officer: Joe Mohr Phone 317-421-8001

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.